



HOME BUYER SERVICES

(585) 428-6888

Fax (585) 428-6229

Attached are your:

Application and Home Buyer's Document Checklist for City Housing program eligibility. The Checklist will instruct you about application attachments.

With this application and attachments you are applying for assistance to purchase your first home in Rochester. The three assistance programs available:

Home Rochester- Subsidy of reconstruction and up to \$6,000 in closing costs for purchase of rehabilitated homes. Income limits in effect.

Employer Assisted Housing Initiative (EAHI)- funds of designated employers are matched with City funds for closing costs for home offered on the private market. **NO** income limits in effect.

Home Purchase Assistance Program (HPAP)-Up to \$3,000 in closing costs for homes offered on the private market. Income limits in effect.

Please complete the application and attach all requested documents. Unfortunately, you may NOT ask the City to make the required documents which must be attached to your application.

Call 428-6888 if you have questions about the application as well as the qualifications for the housing programs listed above.

RETURN THE APPLICATION AND DOCUMENTS TO

HOME BUYER SERVICES

CITY HALL ROOM 005 A 30 CHURCH STREET ROCHESTER, NY 14614



CITY OF ROCHESTER HOME BUYER CHECKLIST

428-6888

HOME BUYER'S DOCUMENT CHECKLIST

Please provide photocopies of the documents listed in 1. Through 7. Below:

1. 4 current consecutive pay stubs for all persons in the household over the age of 18. Provide full time and part time pay stubs for all jobs;
2. Copies showing other forms of income (pension , SSI, disability, child support, workman's compensation, social security);
3. 2009 and 2010 full tax returns including W-2 statements for all persons in the household over the age of 18; (If you cannot locate or did not file tax returns, contact the IRS office at 1-800-829-1040) to obtain TAX and WAGE TRANSCRIPTS (**2012 docs beginning February, 2012**)
4. Bank statements- checking, savings; 3 most current consecutive months for all persons in the household;
5. Copies of documents for any other grants or programs you applied for (First Home Club, Providence Housing, etc);
6. Photo ID and social security card for household members OVER the age of 18;
7. Birth certificate and social security card for household members UNDER the age of 18.

Sign and date the application. Incomplete applications cannot be processed. The application and documents **WILL NOT** be returned.

2012 Income Limits

Maximum household gross annual income must be at or below 112% of area median

HOUSEHOLD INCOME	HOUSEHOLD SIZE
\$43,098	1
\$49,280	2
\$55,462	3
\$61,555	4
\$66,483	5
\$71,411	6
\$76,330	7
\$81,267	8

NO INCOME LIMITS FOR EAHF PROGRAM.

Home Buyer Services Application

1) Applicant

First Name	Middle Initial	Last Name
Home Address: Street	City	Zip
Home Phone	Cell Phone	
Social Security Number	Date of Birth	Age
Employer	Number of years employed there	
Employer Address	Telephone Number	

I live in public housing Yes___ No___. I receive Sec. 8 Housing Support Yes___ No___
I will receive housing support after I close on my new home, Yes___ No___, Type___

2) Co- Applicant

First Name	Middle Initial	Last Name
Home Address: Street	City	Zip
Home Phone	Cell Phone	
Social Security Number	Date of Birth	Age
Employer	Number of years employed there	
Employer Address	Telephone Number	

If you, or the co-applicant, expect a raise, promotion or any other change in your employment or income status, please describe or comment in space provided below.

(c) Names and ages of all dependent children who will live in the household

Name Age Social Sec. #

(d) Names, ages and relationship of all others who will live in the household

Name Age Relationship Amount per month contributed

Income

List all sources of income for you and your household during the past 12 months. For "Type of Income", include full and part time employment, unemployment benefits, pensions, Social Security benefits, disability, child support, worker's comp, welfare assistance, alimony.

Recipient	Type of Income	Gross monthly income	Dates received (Estimated)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you now or will you be receiving income from rent?

____ NO ____ YES Now, ____ YES after I move If YES:\$____ total per month

Long Term Debts

List all debts (car, student loans, credit accounts, etc)

WHO PAYS	TYPE OF DEBT	PAYMENT \$/MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cash Assets

Current checking, savings, credit union accounts- circle whether checking or savings

Checking or saving	ACCOUNT NUMBER	CURRENT BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much is or will be available for a down payment? _____

When will it be available? _____

Credit History

Check all that apply to your current situation.

____ Monthly bill payments are current and made in a timely manner.

____ Some monthly bill payments have been late.

____ Bankruptcy has been filed. If yes _____ Chapter 7 _____ Chapter 13

____ There are outstanding Judgment Liens _____ Wages are garnished

******* Applicant must attach copies of documents which become part of this application.**

I, (we) _____,

As Applicant (s) acknowledge that the information provided accurately describes my (our) household and identifies all of my (our) household income during the past 12 months. I (we) understand that this information I (we) provided will be used to determine program (s) and/or subsidy (ies) for which I (we) may be eligible. The information and attached documentation may also be used to estimate mortgage lending eligibility. I (we) authorize The City of Rochester Home Buyer Services to check my (our) credit history (ies) by requesting a credit report (s) which will then be used in determining eligibility for the grant assistance. I (we) understand that this information will not be shared with other organizations beyond those involved with the program (s) without my (our) prior approval. Additional information and/or documentation be requested from me (us). If verification forms are needed I (we) will sign the necessary forms authorizing release of the information. The information I (we) have provided is complete, accurate and true. It will be grounds for denial of my (our) application if it is found that I (we) have falsified information of provided misleading information.

Signature	Print Name	Date
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Signature	Print Name	Date
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IF I FAIL TO ATTACH ALL INFORMATION, HOME BUYER SERVICES WILL NOT BEGIN REVIEW, HOMEBUYER SERVICES HAS THE RIGHT TO RETURN INCOMPLETE APPLICATION TO ME.

INFORMATION FOR FEDERAL REPORTING

The information requested below is for HUD reporting. The information is requested in order to monitor compliance with equal opportunity credit and fair housing practices.

App't	Co-App't Race	Hispanic origin Yes/No
_____	_____ White	_____
_____	_____ Black or African American	_____
_____	_____ American Indian or Alaska Native	_____
_____	_____ Native Hawaiian or Other Pacific Islander	_____
_____	_____ American Indian or Alaska Native and White	_____
_____	_____ Black or African American and White	_____
_____	_____ American Indian or Alaska Native and Black or African American	_____
_____	_____ Other, Multi Racial	_____

Household type

___ Single
___ Elderly
___ Single Parent
___ Two Parents
___ Other